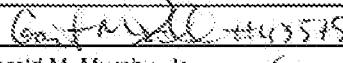


Under the Paperwork Reduction Act of 1895, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
		Application Number	10/622,571-Conf. #4799
		Filing Date	July 21, 2003
		First Named Inventor	Masaru IRIYA
		Examiner Name	M. C. Miggins
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1772
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00		Attorney Docket No.	0071-0528P

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES Application Type Fee (\$)		SEARCH FEES Small Entity Fee (\$)		EXAMINATION FEES Small Entity Fee (\$)	
		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility		300	150	500	250	200	100
Design		200	100	100	50	130	65
Plant		200	100	300	150	160	80
Reissue		300	150	500	250	600	300
Provisional		200	100	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) Small Entity Fee (\$)							
50 25							
Each independent claim over 3 (including Reissues) Small Entity Fee (\$)							
200 100							
Multiple dependent claims Small Entity Fee (\$)							
360 180							
Total Claims 7		Extra Claims -20 = 0	Fee (\$) * = 0	Fee Paid (\$) = 0	Multiple Dependent Claims Fee (\$) = 0		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims 2		Extra Claims -3 = 0	Fee (\$) * = 0	Fee Paid (\$) = 0	Fee (\$) = 0		
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets - 100 =		Extra Sheets /50	Number of each additional 50 or fraction thereof (round up to a whole number) x		Fee (\$) = 0	Fee Paid (\$) = 0	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)							
500.00							
Other (e.g., late filing surcharge): 1401 Notice of appeal Fee Paid (\$)							
1,020.00							
1253 Extension for response within third month Fee Paid (\$)							

SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)		28,977	Telephone
						(703) 205-8000	
Name (Print/Type)		Gerald M. Murphy, Jr.				Date	January 25, 2007